

City of St. Charles
Municipal Electric Office
Two East Main Street – St. Charles IL 60174
630/377-4407



Electric Service Application – New Service/Upgrade
(Each individual service will require a complete and separate application)

Name: _____ Phone: _____
Original Signature: _____ Fax: _____
Contact Name: _____ Phone: _____
Application Date: _____ Requested Service Date: _____

Existing Building	Other	New Building	
<input type="checkbox"/> Residential	<input type="checkbox"/> Temp Connection	<input type="checkbox"/> Residential: Single family	<input type="checkbox"/> Single Phase 120/240
<input type="checkbox"/> Commercial	<input type="checkbox"/> Street Lights	<input type="checkbox"/> Residential: Multi Family	<input type="checkbox"/> Three Phase
<input type="checkbox"/> Industrial	<input type="checkbox"/> Traffic Signals	<input type="checkbox"/> estimated # of units _____	<input type="checkbox"/> 120/208
<input type="checkbox"/> Upgrade Service	<input type="checkbox"/> New Service	<input type="checkbox"/> Commercial	<input type="checkbox"/> 277/480
<input type="checkbox"/> Relocate Service	<input type="checkbox"/> Relocate	<input type="checkbox"/> Commercial: Multi Family	<input type="checkbox"/> Other
<input type="checkbox"/> Convert OH to UG	<input type="checkbox"/> Antenna Site	<input type="checkbox"/> estimated # of units _____	
	<input type="checkbox"/> Signage Lights	<input type="checkbox"/> Industrial	
		<input type="checkbox"/> Other	

Service Panel: _____
Present Rating (amps) _____ Proposed rating (amps) _____ Proposed Connected KW: _____
Present Peak KW (Demand) _____ Estimated Peak KW (Demand) _____

SERVICE ADDRESS

(A complete and accurate service address is required before service may be installed)

Street Address: _____
Subdivision: _____ Lot # _____ Real Estate Permanent Tax # _____
Legal Description (attach sheet if necessary): _____
Record Titleholder of property: _____
If property is held in trust, identify beneficial owner (s): _____
Address: _____

CUSTOMER BILLING INFORMATION

(This information will be used for utility billing purposes)

Name: _____
Street Address: _____
City/State/Zip _____ Phone: _____
Authorized representative or agent: _____
Title: _____ Phone: _____

BUILDING DIVISION OFFICE USE

Application Accepted By: _____

Date Application Received: _____

Date Payment Received: _____

Method of Payment: _____

Building Permit No.: _____

ELECTRIC DEPARTMENT CHARGES

Charges Calculated by: _____

Date: _____

<u>ITEM</u>	<u>ACCOUNT #</u>	<u>CHARGES (\$)</u>	<u>AMOUNT PAID</u>
Project Cost:	343-15	_____	_____
SOCC - VACANT	323-10	_____	_____
SECC: VACANT	323-11	_____	_____
SOCC:	323-12	_____	N/A
SECC:	323-13	_____	_____
Upgrade Charges:	323-14	_____	_____
Engineering:	341-11	_____	_____
Temp Connection:	343-18	_____	_____
Electric Improvement:	343-14	_____	_____
Relocation	_____	_____	_____
Subtotal		_____	N/A
Less contribution- if applicable		_____	_____
Total Amount of Charges:		_____	_____